

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90043 008 ****61.25

DOCUMENT # N30800

1. Entity Name

DEAF SERVICE CENTER OF THE TREASURE COAST, INC.

Principal Place of Business

Mailing Address

2400 SE MIDPORT RD.
STE 209
PORT ST. LUCIE FL
US

2400 SE MIDPORT RD.
STE 209
PORT ST. LUCIE FL
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0147688

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOTTLER, RICHARD J JR
5955 SE RIVERBOAT DRIVE, #623
STUART FL 34997

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CURRAN, HUGH
STREET ADDRESS 1517 SE CROWN STREET
CITY-ST-ZIP PORT SAINT LUCIE FL 34983

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME FASULA, GREGORY
STREET ADDRESS 2500 SE MIDPORT RD STE 26922
CITY-ST-ZIP PORT ST LUCIE FL 34952

☒ Delete

TITLE VD
NAME GERABLINE KULAKOWSKY
STREET ADDRESS 1493 SW THELMA ST.
CITY-ST-ZIP PALM CITY, FL 34990

☒ Change ☐ Addition

TITLE SD
NAME RILEY, MARGE
STREET ADDRESS 965 4TH LANE
CITY-ST-ZIP VERO BEACH FL 32962

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME LECATES, DAVID
STREET ADDRESS 18601 KITTY HAWK COURT
CITY-ST-ZIP PORT ST LUCIE FL 34988

☒ Delete

TITLE TD
NAME JELL CORLEY
STREET ADDRESS 1117 E OSCEOLA ST.
CITY-ST-ZIP STUART, FL 34996

☒ Change ☐ Addition

TITLE ED
NAME KOTTLER, RICK
STREET ADDRESS 5955 SOUTHEAST RIVERBOAT DR #201
CITY-ST-ZIP STUART FL 34997

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)